

Appendix 1: Set-Off File Naming Conventions and Layouts



Set-Off Agencies submit two files to TAX and receive seven in return. All of these files will have the Set-Off Agency's agency number appended to the file name. Each of these files is summarized below with detailed file layouts of each following.

| FILES SENT FROM SET-OFF AGENCIES TO TAX | |
|--|--|
| NEW-CLAIM-UPDATE CLAIM - <AGENCY NUMBER>.TXT | This file is used to submit new claims or to update existing claims (changes, deletes, or reinstates). This file is the equivalent to the Submission of Claims for STARS. |
| MATCH-UPDATE -<AGENCY NUMBER>.TXT | This file is used to provides updates to your existing matches regarding certifications, finalizations, and contested claims. |
| FILES SENT FROM TAX TO SET-OFF AGENCIES | |
| CLAIM-NUMBER-ASSIGNMENT-< AGENCY NUMBER >.TXT | This file is used to provide you the assigned claim number on new claims and /or to return any claims with errors (new or updates). This file will be sent as a result of processing your "New-Claim-Update-Claim" file. |
| MATCH-< AGENCY NUMBER >.TXT | This file is used to notify you of funds that have been matched to your claims. This file replaces the SOC-1 and SOC-2 forms. |
| PAYMENT-INFORMATION-< AGENCY NUMBER >.TXT | This file is used to inform you of payment transactions for matches your agency finalized in the previous month. |
| MATCH-UPDATE-ERRORS-< AGENCY NUMBER >.TXT | This file is used to report errors associated with the processing of your "Match-Update" file. |
| PRE-DEF-UPD-CONTEST-DATE -< AGENCY NUMBER >.TXT | This file is used to notify your agency of matches that are pending default and/or to notify your agency of contested matches that need updating. |
| DEFAULTED-MATCH <AGENCY NUMBER >.TXT | This file is used to notify your agency of matches that have been defaulted. |
| NEW-CLAIM-FILE-ERRORS- <AGENCY NUMBER >.TXT | This file is used to notify your agency of new claims submitted with errors that prevent them from being processed and a claim number cannot be assigned. |

File: NEW-CLAIM-UPDATE CLAIM -<AGENCY NUMBER>.TXT

This file is sent from the Setoff Agency to TAX to submit new claims or to update existing claims (changes, deletes, or reinstates). This file is the equivalent to the Submission of Claims for STARS.

| Field Name | Start Position | End Position | Length | Required | Description |
|------------------------|----------------|--------------|--------|----------|---|
| Claim Number | 1 | 8 | 8 | Yes/No | This number is assigned by TAX to uniquely identify the claim. When you submit new claims to TAX this field must be blank. When you submit updates to existing claims, this field is required. This is a numeric field. |
| Filler | 9 | 9 | 1 | | The filler is a pipe. |
| Claim Name | 10 | 49 | 40 | Yes | Claimant name. For business debts, the preferred format is the legal business name or trading as name, For individual debts the format is Last name, First name and Middle Initial format. Please separate each name with a space. Suffixes may be included in this field, if applicable. |
| Filler | 50 | 50 | 1 | | The filler is a pipe. |
| Agency Number | 51 | 59 | 9 | Yes | This is your setoff agency number assigned by TAX. This field is numeric. For state agencies this number will only contain 7 digits and should be left justified. |
| Filler | 60 | 60 | 1 | | The filler is a pipe. |
| Agency Information | 61 | 100 | 40 | No | Text entered by Setoff Agencies for the purpose of identifying your. This information is not used by TAX. |
| Filler | 101 | 101 | 1 | | The filler is a pipe. |
| Update Action | 102 | 102 | 1 | Yes | Identifies the requested action to be taken on a claim: A = add a new claim; C = change to an existing claim; D = delete a claim; and, R = reinstate a claim. |
| Filler | 103 | 103 | 1 | | The filler is a pipe. |
| External ID Indicator | 104 | 104 | 1 | Yes | Must be S for SSN or F for FEIN (federal employer identification number). This is a numeric field. |
| Filler | 105 | 105 | 1 | | The filler is a pipe. |
| External ID (SSN/FEIN) | 106 | 114 | 9 | Yes | The debtor's SSN or FEIN depending upon the SSN/FEIN |

| Field Name | Start Position | End Position | Length | Required | Description |
|--------------|----------------|--------------|--------|----------|--|
| | | | | | indicator setting. |
| Filler | 115 | 115 | 1 | | The filler is a pipe. |
| Claim Year | 116 | 119 | 4 | Yes | The calendar year this claim is being submitted for. The format is "YYYY". |
| Filler | 120 | 120 | 1 | | The filler is a pipe. |
| Claim Amount | 121 | 134 | 14 | Yes | The amount of the claim. The number will be right justified and either blank or zero filled with a decimal point and two digits right of the decimal (e.g., "bbbbbb12345.67" where "b" represents a blank, or "00000012345.67"). This amount should be a positive amount. If the decimal point is not included in your submission, our system will assume a whole number. In other words 3000 = \$3000.00 whereas 30.00 = 30.00. |
| Filler | 135 | 184 | 50 | | This filler 1 pipe and 49 spaces. This will be used to accommodate any future changes. |
| Record Type | 185 | 185 | 1 | Yes | This field value should be set to " B " when you submit new claim, or set to " D " when you submit updates to an existing claim. |

File: MATCH-UPDATE -<AGENCY NUMBER>.TXT

This file is sent from your Set-Off Agency to TAX and provides TAX with updates to existing matches regarding certifications, finalizations, and contested claims.

| Field Name | Start Position | End Position | Length | Required | Description |
|------------------------|----------------|--------------|--------|----------|---|
| Claim Number | 1 | 8 | 8 | Yes | This is the number assigned by TAX to uniquely identify the claim. |
| Filler | 9 | 9 | 1 | | The filler is a pipe. |
| Agency Number | 10 | 18 | 9 | Yes | This is your assigned setoff agency number. For state agencies this number will only contain 7 digits and should be left justified. This is a numeric field. |
| Filler | 19 | 19 | 1 | | The filler is a pipe. |
| Update Action | 20 | 20 | 1 | Yes | This field identifies the action you are requesting be taken on a match: C = Certification; F = Finalization; and, T = Contest. |
| Filler | 21 | 21 | 1 | | The filler is a pipe. |
| External ID Indicator | 22 | 22 | 1 | Yes | Must be S for SSN or F for FEIN (federal employer identification number) |
| Filler | 23 | 23 | 1 | | The filler is a pipe. |
| External ID (SSN/FEIN) | 24 | 32 | 9 | Yes | The debtor's SSN or FEIN depending upon the SSN/FEIN indicator setting. This is a numeric field. |
| Filler | 33 | 33 | 1 | | The filler is a pipe. |
| Match ID | 34 | 42 | 9 | Yes | Unique ID assigned by TAX when the claim is matched with available funds. Must be used to request an update to a match. |
| Filler | 43 | 43 | 1 | | The filler is a pipe. |
| Date of Certification | 44 | 51 | 8 | No | This is the date your setoff agency notified the debtor that funds were matched and being held for their claim. The date is in "MMDDYYYY" format. To accommodate for blank fields this should be programmed as a character field. |
| Filler | 52 | 52 | 1 | | The filler is a pipe. |

| Field Name | Start Position | End Position | Length | Required | Description |
|------------------|----------------|--------------|--------|----------|--|
| Date of Contest | 53 | 60 | 8 | No | This is the date the debtor contested the claim or to indicate an updated date of the contest. The date is in "MMDDYYYY" format. To accommodate for blank fields this should be programmed as a character field. |
| Filler | 61 | 61 | 1 | | The filler is a pipe. |
| Finalized Amount | 62 | 75 | 14 | No | This is the amount of available resources your agency is authorizing TAX to turn over to your agency to be applied to the claim. The number will be right justified and either blank or zero filled with a decimal point and two digits right of the decimal (e.g., "bbbbbb12345.67" where "b" represents a blank, or "00000012345.67"). This amount should be a positive amount. If the decimal point is not included in your submission, our system will assume a whole number. In other words 3000 = \$3000.00 whereas 30.00 = 30.00. |
| Filler | 76 | 125 | 50 | | This filler is 1 pipe and 49 spaces. This will be used to accommodate any future changes. |
| Record Type | 126 | 126 | 1 | Yes | This field value should be set to "F" to identify this file type. |

File: CLAIM-NUMBER-ASSIGNMENT-< AGENCY NUMBER >.TXT

This file is sent from TAX to your Set-Off Agency and provides the assigned claim number for your new claims and/or returns any claims with errors (new or updates). New claims that were submitted that have errors will not be eligible for matching until the error is corrected. Updated claims that were submitted that have errors will not be updated until the error is resolved.

| Field Name | Start Position | End Position | Length | Required | Description |
|------------------------|----------------|--------------|--------|----------|--|
| Claim Number | 1 | 8 | 8 | Yes | This is the number assigned by TAX to uniquely identify the claim. |
| Filler | 9 | 9 | 1 | | The filler is a pipe. |
| Claim Name | 10 | 49 | 40 | Yes | This is the debtor's name as you submitted it on your claim. |
| Filler | 50 | 50 | 1 | | The filler is a pipe. |
| Agency Number | 51 | 59 | 9 | Yes | This is your assigned setoff agency number. For state agencies this number will only contain 7 digits and will be left justified. |
| Filler | 60 | 60 | 1 | | The filler is a pipe. |
| Agency Information | 61 | 100 | 40 | No | This is the text entered by your agency for the purpose of identifying the claim. This information is not used by TAX. |
| Filler | 101 | 101 | 1 | | The filler is a pipe. |
| External ID Indicator | 102 | 102 | 1 | Yes | Value will be S for SSN or F for FEIN as you submitted it. |
| Filler | 103 | 103 | 1 | | The filler is a pipe. |
| External ID (SSN/FEIN) | 104 | 112 | 9 | Yes | This is the debtor's SSN or FEIN depending upon the External ID indicator. |
| Filler | 113 | 113 | 1 | | The filler is a pipe. |
| Claim Year | 114 | 117 | 4 | Yes | This is the calendar year the claim was submitted for. The format is "YYYY". |
| Filler | 118 | 118 | 1 | | The filler is a pipe. |
| Claim Amount | 119 | 132 | 14 | Yes | This is the claim amount that was submitted. The format is right justified and zero filled with a decimal point and two digits right of the decimal (e.g., |

| Field Name | Start Position | End Position | Length | Required | Description |
|-------------------------|----------------|--------------|--------|----------|---|
| | | | | | "00000012345.67) |
| Filler | 133 | 133 | 1 | | This filler is a pipe. |
| Date Processed by TAX | 134 | 141 | 8 | Yes | This is the date your claim was processed. The format is "MMDDYYYY". |
| Filler | 142 | 142 | 1 | | The filler is a pipe. |
| Invalid Claim Indicator | 143 | 143 | 1 | No | This field is used to inform the Setoff Agency there is an error on the claim. If set to "Y" the Invalid Claim Reason will contain text explaining why the claim is invalid. |
| Filler | 144 | 144 | 1 | | The filler is a pipe. |
| Invalid Claim Reason | 145 | 398 | 254 | No | <p>This field indicates the reason the claim is invalid.</p> <p>The possible errors for new claims are:</p> <ul style="list-style-type: none"> • Claim Amount cannot be less than \$5.00 • Claim Amount is invalid • Claim Name does not correspond to Customer Name. • Claim Name was not entered or is invalid. • Claim Year was not entered or is invalid. • Customer does not exist in the system. • The Agency Number should be associated with an Agency that is Active. • The External ID Type was not entered or is invalid. • The External ID was not entered or is invalid. <p>The possible errors for update claims are:</p> <ul style="list-style-type: none"> • Claim Amount cannot be changed if the Claim Status is {Paid or Deleted}. • Claim Amount cannot be less than the total of Released, Matched and Finalized Amounts. • Claim cannot be Deleted due to missing/invalid |

| Field Name | Start Position | End Position | Length | Required | Description |
|-------------|----------------|--------------|--------|----------|--|
| | | | | | <p>Claim Name.</p> <ul style="list-style-type: none"> • Claim cannot be Deleted once it has been paid. • Claim cannot be Reinstated, as the Agency Number is associated with an Agency that is not Active. • Claim cannot be Reinstated, as the Claim Status is not Deleted. • Claim cannot be Reinstated due to missing/invalid Claim Name. • Claim Name cannot be changed if the Claim Status is {Paid or Deleted}. • External ID cannot be changed if the Claim Status is {other than Invalid}. • External ID Type cannot be changed if the Claim Status is {other than Invalid}. • Prior year Claims cannot be changed. • Prior year Claims cannot be Reinstated. • Update Action is invalid • Claim Number, Agency Number or External ID is invalid • Agency Status is not active • Record Type is Invalid |
| Filler | 399 | 448 | 50 | | This filler is 1 pipe and 49 spaces. This will be used to accommodate any future changes. |
| Record Type | 449 | 449 | 1 | Yes | This field value will be set to “C” to indicate file type. |

File: MATCH-< AGENCY NUMBER >.TXT

This file is sent from TAX to your Set-Off Agency to inform you of funds that have been matched to your claims. This file replaces the current SOC-1 and SOC-2 forms. (Changes from the previous version of this file layout are highlighted.)

| Field Name | Start Position | End Position | Length | Required | Description |
|------------------------|----------------|--------------|--------|----------|--|
| Claim Number | 1 | 8 | 8 | Yes | This is the number assigned by TAX to uniquely identify the claim. |
| Filler | 9 | 9 | 1 | | The filler is a pipe. |
| Claim Name | 10 | 49 | 40 | No | This is the debtor's name as you submitted it on your claim. |
| Filler | 50 | 50 | 1 | | The filler is a pipe. |
| Agency Number | 51 | 59 | 9 | Yes | This is your assigned setoff agency number. For state agencies this number will only contain 7 digits and will be left justified. |
| Filler | 60 | 60 | 1 | | The filler is a pipe. |
| Agency Information | 61 | 100 | 40 | No | This is text entered by your agency for the purpose of identifying the claim. This information is not used by TAX. |
| Filler | 101 | 101 | 1 | | The filler is a pipe. |
| External ID Indicator | 102 | 102 | 1 | Yes | Value will be S for SSN or F for FEIN as you submitted it. |
| Filler | 103 | 103 | 1 | | The filler is a pipe. |
| External ID (SSN/FEIN) | 104 | 112 | 9 | Yes | This is the debtor's SSN or FEIN depending upon the External ID indicator. |
| Filler | 113 | 113 | 1 | | The filler is a pipe. |
| Match ID | 114 | 122 | 9 | Yes | Unique ID assigned by TAX when the claim is matched with available funds. |
| Filler | 123 | 123 | 1 | | The filler is a pipe. |
| Match Date | 124 | 131 | 8 | Yes | This field is the date the claim was matched with an available resource (Tax Refund, Lottery winnings, DOA Vendor Payments if applicable). The format is "MMDDYYYY". |

| Field Name | Start Position | End Position | Length | Required | Description |
|----------------|----------------|--------------|--------|----------|--|
| Filler | 132 | 132 | 1 | | The filler is a pipe. |
| Match Amount | 133 | 146 | 14 | Yes | This is the amount of available funds that was matched to the claim. The number will be right justified and zero filled with a decimal point and two digits right of the decimal (e.g., "00000012345.67"). |
| Filler | 147 | 147 | 1 | | The filler is a pipe. |
| Payee Name | 148 | 197 | 50 | No | This is the name of the customer as it appears on the source of the available funds (tax refund, lottery winnings, or vendor payment). The name will be in last name, first name and middle initial order. |
| Filler | 198 | 198 | 1 | | The filler is a pipe. |
| Address Line 1 | 199 | 298 | 100 | No | This is the address line of the customer as it appears on the source of the available funds. |
| Filler | 299 | 299 | 1 | | The filler is a pipe. |
| Address Line 2 | 300 | 339 | 40 | No | This is second address line (if applicable) of the customer as it appears on the source of the available funds. |
| Filler | 340 | 340 | 1 | | The filler is a pipe. |
| City | 341 | 380 | 40 | No | This is city of the customer as it appears on the source of the available funds. |
| Filler | 381 | 381 | 1 | | The filler is a pipe. |
| State | 382 | 383 | 2 | No | This is state abbreviation of the customer as it appears on the source of the available funds. |
| Filler | 384 | 384 | 1 | | The filler is a pipe. |
| Zip Code | 385 | 394 | 10 | No | This is the 9-digit zip code of the customer as it appears on the source of the available funds. The format is xxxxx-xxxx. |
| Filler | 395 | 395 | 1 | | The filler is a pipe. |
| Country Code | 396 | 397 | 2 | No | This field is a code to represent the country. |
| Filler | 398 | 398 | 1 | | The filler is a pipe. |

| Field Name | Start Position | End Position | Length | Required | Description |
|----------------|----------------|--------------|--------|----------|---|
| Funding Source | 399 | 399 | 1 | Yes | This field identifies the funding source of the funds that were matched to your claim. Values are: 0=Tax Refund, 1=Lottery Payment, 2=DOA Vendor Payment. |
| Filler | 400 | 449 | 50 | | This filler is 1 pipe and 49 spaces. This will be used to accommodate any future changes. |
| Record Type | 450 | 450 | 1 | Yes | This field will be set to “E” to indicate the file type. |

File: PAYMENT-INFORMATION-< AGENCY NUMBER >.TXT

This file is sent from TAX to your Set-Off Agency and provides you with information on payment transactions being made for matches that were finalized in the previous month.

| Field Name | Start Position | End Position | Length | Required | Description |
|------------------------|----------------|--------------|--------|----------|---|
| Claim Number | 1 | 8 | 8 | Yes | This is the number assigned by TAX to uniquely identify the claim. |
| Filler | 9 | 9 | 1 | | The filler is a pipe. |
| Claim Name | 10 | 49 | 40 | Yes | This is the debtor's name as you submitted it on your claim. |
| Filler | 50 | 50 | 1 | | The filler is a pipe. |
| Agency Number | 51 | 59 | 9 | Yes | This is your assigned setoff agency number. For state agencies this number will only contain 7 digits and will be left justified. |
| Filler | 60 | 60 | 1 | | The filler is a pipe. |
| Agency Information | 61 | 100 | 40 | No | This is text entered by your agency for the purpose of identifying the claim. This information is not used by TAX. |
| Filler | 101 | 101 | 1 | | The filler is a pipe. |
| External ID Indicator | 102 | 102 | 1 | Yes | Value will be S for SSN or F for FEIN as you submitted it. |
| Filler | 103 | 103 | 1 | | The filler is a pipe |
| External ID (SSN/FEIN) | 104 | 112 | 9 | Yes | This is the debtor's SSN or FEIN depending upon the External ID indicator. |
| Filler | 113 | 113 | 1 | | The filler is a pipe |
| Funding Source | 114 | 114 | 1 | Yes | This field identifies the funding source of the funds that were matched to your claim. Values are: 0=Tax Refund, 1=Lottery Payment, 2=DOA Vendor Payment. |
| Filler | 115 | 115 | 1 | | The filler is a pipe |
| Finalized Date | 116 | 123 | 8 | | This field contains the date you finalized the match. The format is "MMDDYYYY". |
| Filler | 124 | 124 | 1 | | The filler is a pipe. |
| Finalized Amount | 125 | 138 | 14 | Yes | This field contains the amount of funds finalized by your agency. The amount will be right justified and zero filled |

| Field Name | Start Position | End Position | Length | Required | Description |
|----------------------|----------------|--------------|--------|----------|---|
| | | | | | with a decimal point and two digits right of the decimal (e.g., "00000012345.67"). |
| Filler | 139 | 139 | 1 | | The filler is a pipe. |
| Date of Payment | 140 | 147 | 8 | Yes | This field indicates the effective date TAX informed DOA to disburse these funds to your agency. The format is "MMDDYYYY". |
| Filler | 148 | 148 | 1 | | The filler is a pipe. |
| Amount of Payment | 149 | 162 | 14 | Yes | This field identifies the amount of funds that will be paid to your agency for this match. The payment amount is "Finalized Amount" less any "Administrative Costs" if applicable. The number will be right justified and zero filled with a decimal point and two digits right of the decimal (e.g., "00000012345.67"). This should always be a positive amount. |
| Filler | 163 | 163 | 1 | | The filler is a pipe. |
| Administrative Costs | 164 | 177 | 14 | Yes | This field contains the amount of Administrative costs withheld from your payment (if applicable). The amount will be right justified and zero filled with a decimal point and two digits right of the decimal (e.g., "00000012345.67"). |
| Filler | 178 | 227 | 50 | | This filler is 1 pipe and 49 spaces. This will be used to accommodate for any future changes. |
| Record Type | 228 | 228 | 1 | Yes | This field will be set to "G" to indicate the file type. |

File: MATCH-UPDATE-ERRORS-< AGENCY NUMBER >.TXT

This file is sent from TAX to your Set-Off Agency to report errors associated with the processing of your “Match-Update” file.
(Changes from the previous version of this file layout are highlighted.)

| Field Name | Start Position | End Position | Length | Required | Description |
|------------------------|----------------|--------------|--------|----------|---|
| Claim Number | 1 | 8 | 8 | Yes | This is the number assigned by TAX to uniquely identify the claim. |
| Filler | 9 | 9 | 1 | | The filler is a pipe. |
| Agency Number | 10 | 18 | 9 | Yes | This is your assigned setoff agency number. For state agencies this number will only contain 7 digits and will be left justified. |
| Filler | 19 | 19 | 1 | | The filler is a pipe. |
| Update Action | 20 | 20 | 1 | Yes | This is provided from the Type F record so your agency can determine which record had an error if multiple records were sent for this claim. Values are: C = Certify, F = Finalize, T = Contest. |
| Filler | 21 | 21 | 1 | | The filler is a pipe. |
| External ID Indicator | 22 | 22 | 1 | Yes | Value will be S for SSN or F for FEIN as you submitted it. |
| Filler | 23 | 23 | 1 | | The filler is a pipe. |
| External ID (SSN/FEIN) | 24 | 32 | 9 | Yes | This is the debtor’s SSN or FEIN depending upon the External ID indicator. |
| Filler | 33 | 33 | 1 | | The filler is a pipe. |
| Match ID | 34 | 42 | 9 | Yes | Unique ID assigned by TAX when the claim is matched with available funds. |
| Filler | 43 | 43 | 1 | | The filler is a pipe. |
| Date of Certification | 44 | 51 | 8 | No/Yes | This is the date your setoff agency notified the debtor that funds were matched and being held for their claim. The date is in “MMDDYYYY” format. |
| Filler | 52 | 52 | 1 | | The filler is a pipe. |
| Date of Contest | 53 | 60 | 8 | No/Yes | This is the date you indicated the debtor contested the claim or is the updated contest date. The date is in “MMDDYYYY” format. |

| Field Name | Start Position | End Position | Length | Required | Description |
|------------------|----------------|--------------|--------|----------|--|
| Filler | 61 | 61 | 1 | | The filler is a pipe. |
| Finalized Amount | 62 | 75 | 14 | No | This is the amount of available resources your agency is authorizing TAX to turn over to your agency to be applied to the claim. The number will be right justified and either blank or zero filled with a decimal point and two digits right of the decimal (e.g., "bbbbbb12345.67" where "b" represents a blank, or "00000012345.67"). This amount should be a positive amount. If the decimal point is not included in your submission, our system will assume a whole number. In other words 3000 = \$3000.00 whereas 30.00 = 30.00. |
| Filler | 76 | 76 | 1 | | The filler is a pipe. |

| Field Name | Start Position | End Position | Length | Required | Description |
|----------------|----------------|--------------|--------|----------|--|
| Failure Reason | 77 | 330 | 254 | Yes | <p>This field contains text explaining the errors found in processing your “Match-Update” file.</p> <p>Possible values are:</p> <ul style="list-style-type: none"> • The match update action is invalid. • Claim Number, Agency Number or External ID is invalid. • Invalid search key data. Match ID = <match id>. • Invalid search key data. Claim Number = <claim number> • Invalid search key data. Agency Number = <agency number>. • Cannot find a match in the system for Match ID = <match id>, Claim Number = <claim number> and Agency Number = <agency number>. • The match update action cannot be <match update action> because the match has a status of <match status>. • Cannot Certify match with status of <match status>. • Cannot Certify; the Certification Date on the transaction is invalid. Certification Date: <certification date>; Match Status: <match status>. • Cannot Contest; the match has not been certified and the Certification Date on the transaction is invalid. Certification Date: <certification date>; Match Status: <match status>. • Cannot Contest; the Contested Date on the transaction is invalid. Contested Date: <contested date>; Match Status: <match status> • Cannot Finalize; the match has not been certified and the Certification Date on the transaction is invalid. Certification Date: <certification date>; Match Status: <match status>. • Cannot Finalize; invalid Finalized Amount- entered as \$\$\$\$\$\$\$\$\$\$. \$\$ • Record Type is Invalid |
| Filler | 331 | 380 | 50 | | This filler is 1 pipe and 49 spaces. This will be used to accommodate for any future changes. |
| Record Type | 381 | 381 | 1 | Yes | This field will be set to “H” to indicate the file type. |

File: DEFAULTED-MATCH-<AGENCY NUMBER > .TXT

This file is sent from TAX to your Set-Off Agency to notify you of matches that have defaulted.

| Field Name | Start Position | End Position | Length | Required | Description |
|------------------------|----------------|--------------|--------|----------|---|
| Claim Number | 1 | 8 | 8 | Yes | This is the number assigned by TAX to uniquely identify the claim. |
| Filler | 9 | 9 | 1 | | The filler is a pipe. |
| Claim Name | 10 | 49 | 40 | Yes | This is the debtor's name as you submitted it on your claim. |
| Filler | 50 | 50 | 1 | | The filler is a pipe. |
| Agency Number | 51 | 59 | 9 | Yes | This is your assigned setoff agency number. For state agencies this number will only contain 7 digits and will be left justified. |
| Filler | 60 | 60 | 1 | | The filler is a pipe. |
| External ID Indicator | 61 | 61 | 1 | Yes | Value will be S for SSN or F for FEIN as you submitted it. |
| Filler | 62 | 62 | 1 | | The filler is a pipe. |
| External ID (SSN/FEIN) | 63 | 71 | 9 | Yes | This is the debtor's SSN or FEIN depending upon the External ID indicator. |
| Filler | 72 | 72 | 1 | | The filler is a pipe. |
| Match ID | 73 | 81 | 9 | Yes | Unique ID assigned by TAX when the claim is matched with available funds. |
| Filler | 82 | 82 | 1 | | The filler is a pipe. |
| Match Date | 83 | 90 | 8 | Yes | The date the claim was matched with an available resource (Tax Refund, Lottery winnings, DOA Vendor Payments if applicable). The format is "MMDDYYYY". |
| Filler | 91 | 91 | 1 | | The filler is a pipe. |
| Match Amount | 92 | 105 | 14 | Yes | The amount of available funds that were matched to the claim. The amount will be right justified and zero filled with a decimal point and two digits right of the decimal (e.g., "00000012345.67"). |
| Filler | 106 | 106 | 1 | | The filler is a pipe. |

| Field Name | Start Position | End Position | Length | Required | Description |
|---------------------|----------------|--------------|--------|----------|--|
| Match Status | 107 | 107 | 1 | Yes | This field indicates the match has now been defaulted. Value is D= Defaulted. |
| Filler | 108 | 108 | 1 | | The filler is a pipe. |
| Processed Date | 109 | 116 | 8 | Yes | The date the match was defaulted. The format is "MMDDYYYY". |
| Filler | 117 | 117 | 1 | | The filler is a pipe. |
| Reason Match Denied | 118 | 167 | 50 | Yes | This text field indicates the reason the match was defaulted. Reasons for default are: <ul style="list-style-type: none"> • Not Certified-Defaulted • Not Finalized-Defaulted. |
| Filler | 168 | 217 | 50 | | This filler is 1 pipe and 49 spaces. This will be used to accommodate for any future changes. |
| Record Type | 218 | 218 | 1 | Yes | This field will be set to "I" to indicate the file type. |

File: PRE-DEFAULT-UPD-CONTEST-DATE -< AGENCY NUMBER >.TXT

This file is sent from TAX to your Set-Off Agency to notify you of matches that are pending default and to notify you of contested claims that have been in a contest status for more than 30 days.

| Field Name | Start Position | End Position | Length | Required | Description |
|------------------------|----------------|--------------|--------|----------|--|
| Claim Number | 1 | 8 | 8 | Yes | This is the number assigned by TAX to uniquely identify the claim. |
| Filler | 9 | 9 | 1 | | The filler is a pipe. |
| Claim Name | 10 | 49 | 40 | Yes | This is the debtor's name as you submitted it on your claim. |
| Filler | 50 | 50 | 1 | | The filler is a pipe. |
| Agency Number | 51 | 59 | 9 | Yes | This is your assigned setoff agency number. For state agencies this number will only contain 7 digits and will be left justified. |
| Filler | 60 | 60 | 1 | | The filler is a pipe. |
| Agency Information | 61 | 100 | 40 | No | This is text entered by your agency for the purpose of identifying the claim. This information is not used by TAX. |
| Filler | 101 | 101 | 1 | | The filler is a pipe. |
| External ID Indicator | 102 | 102 | 1 | Yes | Value will be S for SSN or F for FEIN as you submitted it. |
| Filler | 103 | 103 | 1 | | The filler is a pipe. |
| External ID (SSN/FEIN) | 104 | 112 | 9 | Yes | This is the debtor's SSN or FEIN depending upon the External ID indicator. |
| Filler | 113 | 113 | 1 | | The filler is a pipe. |
| Match ID | 114 | 122 | 9 | Yes | Unique ID assigned by TAX when the claim is matched with available funds. |
| Filler | 123 | 123 | 1 | | The filler is a pipe. |
| Match Date | 124 | 131 | 8 | Yes | The date the claim was matched with an available resource (Tax Refund, Lottery winnings, DOA Vendor Payments if applicable). The format is "MMDDYYYY". |
| Filler | 132 | 132 | 1 | | The filler is a pipe. |

| Field Name | Start Position | End Position | Length | Required | Description |
|------------------------|----------------|--------------|--------|----------|---|
| Match Amount | 133 | 146 | 14 | Yes | The amount of available funds that were matched to the claim. The amount will be right justified and zero filled with a decimal point and two digits right of the decimal (e.g., "00000012345.67"). |
| Filler | 147 | 147 | 1 | | The filler is a pipe. |
| Match Status | 148 | 148 | 1 | Yes | This field indicates the current status of your match. Values are: A = Active, R=Certified, C=Contested. |
| Filler | 149 | 149 | 1 | | The filler is a pipe. |
| Funding Source | 150 | 150 | 1 | Yes | This field identifies the funding source of the funds that were matched to your claim. Values are: 0=Tax Refund, 1=Lottery Payment, 2=DOA Vendor Payment. |
| Filler | 151 | 151 | 1 | | The filler is a pipe. |
| Default Date | 152 | 159 | 8 | Yes/No | The date that the match is scheduled to default and the funds will no longer be available for this claim. The format is "MMDDYYYY". |
| Filler | 160 | 160 | 1 | | The filler is a pipe. |
| Date of Certification | 161 | 168 | 8 | Yes/No | This is the date your setoff agency notified the debtor that funds were matched and being held for their claim. The date is in "MMDDYYYY" format. |
| Filler | 169 | 169 | 1 | | The filler is a pipe. |
| Initial Contested Date | 170 | 177 | 8 | Yes/No | This is the date you indicated the debtor contested the claim. The date is in "MMDDYYYY" format. |
| Filler | 178 | 178 | 1 | | The filler is a pipe. |
| Contested Date | 179 | 186 | 8 | Yes/No | This is the last updated contest date you provided us to indicate the claim was still in a contest status. The date is in "MMDDYYYY" format. This field may be blank if this is the first request for an update since the initial contest notification. |
| Filler | 187 | 187 | 1 | | The filler is a pipe. |

| Field Name | Start Position | End Position | Length | Required | Description |
|-------------|----------------|--------------|--------|----------|---|
| Reason | 188 | 237 | 50 | Yes | <p>This field identifies the reason we are notifying you. Either your match is pending default and the reason this match is pending default or the claim is contested and we are requesting you update the contested date. Values are:</p> <ul style="list-style-type: none"> • Not Certified-Pre-Default Warning; • Not Finalized-Pre-Default Warning • Contested-Request for Update to Contested Date. |
| Filler | 238 | 287 | 50 | | This filler is 1 pipe and 49 spaces. This will be used to accommodate for any future changes. |
| Record Type | 288 | 288 | 1 | Yes | This field is set to “ K ” to identify this file type. |

File: NEW-CLAIM-FILE-ERRORS-<AGENCY NUMBER >.TXT

This file is sent from TAX to your Set-Off Agency when new claims are submitted with errors that prevent them from being processed and a claim number cannot be assigned.

| Field Name | Start Position | End Position | Length | Required | Description |
|------------------------|----------------|--------------|--------|----------|--|
| Claim Name | 1 | 40 | 40 | Yes | This is the debtor's name as you submitted it on your claim. |
| Filler | 41 | 41 | 1 | | The filler is a pipe. |
| Agency Number | 42 | 50 | 9 | Yes | This is the setoff agency number you submitted your new claims under. |
| Filler | 51 | 51 | 1 | | The filler is a pipe. |
| Agency Information | 52 | 91 | 40 | No | This is the text entered by your agency for the purpose of identifying your claim. This information is not used by TAX. |
| Filler | 92 | 92 | 1 | | The filler is a pipe. |
| External ID Indicator | 93 | 93 | 1 | Yes | Values should be S for SSN or F for FEIN. |
| Filler | 94 | 94 | 1 | | The filler is a pipe. |
| External ID (SSN/FEIN) | 95 | 103 | 9 | Yes | This is the debtor's SSN or FEIN. |
| Filler | 104 | 104 | 1 | | The filler is a pipe. |
| Claim Year | 105 | 108 | 4 | Yes | This is the calendar year the claim was submitted for. |
| Filler | 109 | 109 | 1 | | The filler is a pipe. |
| Claim Amount | 110 | 123 | 14 | Yes | This is the claim amount you submitted. |
| Filler | 124 | 124 | 1 | | The filler is a pipe. |
| Processed Date | 125 | 132 | 8 | Yes | This is the date TAX attempted to process your claims. The format is "MMDDYYYY". |
| Filler | 133 | 133 | 1 | | The filler is a pipe. |
| Invalid Claim Reason | 134 | 387 | 254 | Yes | This field is used to communicate the reason the claim record could not be processed. Possible values are: <ul style="list-style-type: none">• Agency Status is not active• Agency Number is invalid• Claim amount is invalid- entered as \$\$\$\$\$\$\$\$\$\$. \$\$ |

| Field Name | Start Position | End Position | Length | Required | Description |
|-------------|----------------|--------------|--------|----------|---|
| | | | | | <ul style="list-style-type: none"> • Update Action is invalid • Record Type is Invalid. |
| Filler | 388 | 437 | 50 | | This filler is 1 pipe and 49 spaces. This will be used to accommodate for any future changes. |
| Record Type | 438 | 438 | 1 | Yes | This field will be set to “J” to indicate file type. |